



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Samuel F. Lamke	:	
Serial No.:	10/735,032	:	Group No.: 3673
Filed:	December 12, 2003	:	Examiner: Grosz, Alexander
For:	SLEEPING BAG WITH REPLACEABLE AIR MATTRESS	:	

Mail Stop: Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL**

1. Transmitted herewith is:
- Amendment Transmittal (3 pages, in duplicate, including Certificate of Express Mailing)
  - Petition to Revive Patent Application for Unintentional Failure to Timely Respond to an Office Action (2 pages, in duplicate)
  - Revocation and New Power of Attorney and Change of Correspondence Address (3 pages)
  - Information Disclosure Statement Transmittal (2 pages, in duplicate)
  - Information Disclosure Statement (Form PTO/SB/08A, 1 page)
  - Amendment in Response to Office Action dated December 29, 2004 (8 pages)
  - Return Postcard

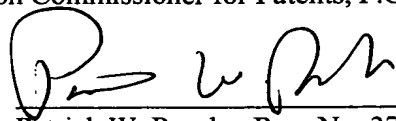
**STATUS**

2. Applicant
- ☐ claims small entity status.
- ☒ is other than a small entity.

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS**

**Express Mail No. EV679304625US**  
**Date: February 3, 2006**

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: Petition Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
 Patrick W. Rasche, Reg. No. 37,916

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 120.00	\$ 60.00
_____ second month	\$ 450.00	\$ 225.00
_____ third month	\$ 1,020.00	\$ 510.00
_____ fourth month	\$ 1,590.00	\$ 795.00
_____ fifth month	\$ 2,160.00	\$1,080.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid  
therefor \$ \_\_\_\_\_ is deducted from the total fee due for the total months  
of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

OR

- (b)   X   Applicant believes that no extension of term is required. However, this  
conditional petition is being made to provide for the possibility that  
applicant has inadvertently overlooked the need for a petition for extension  
of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$25.00 = \$		x \$50.00 = \$
		MINUS		=	x \$100.00 = \$		x \$200.00 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$180.00 = \$		+ \$360.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) ☒ No additional fee for Claims is required

**OR**

(b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

## FEE PAYMENT

5. Attached is a check in the sum of \$ \_\_\_\_\_

☐ Charge Deposit Account No. 01-2384 the sum of \$.  
A duplicate of this transmittal is attached.

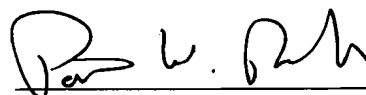
## FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other: Charge Deposit Account No. 01-2384 the sum of \_\_\_\_\_.



Patrick W. Rasche

Reg. No. 37,916

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